

ARIZONA DEPARTMENT OF VETERANS' SERVICES

MDI ACCESS REQUEST FORM (FOR USE ONLY WHEN MDI ACCESS IS REQUIRED)

EFFECTIVE DATE: October 1st, 2003

Check One:

☐ New Employee Date of hire: _____

☐ Reset Password

☐ End of Employment Date of release: _____

Employee Details: (print clearly)

First Name: _____ Last Name: _____

Job Title: _____

Location: _____

Discipline: (Check only one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Charge Nurse | <input type="checkbox"/> Medical Secretary |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> CMT | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> D.O.N / A.D.O.N. | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Activity Director | <input type="checkbox"/> Dietary | <input type="checkbox"/> Restorative Aide |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Dietary Supervisor | <input type="checkbox"/> RN |
| <input type="checkbox"/> All Disciplines | <input type="checkbox"/> Director of Nursing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Care Plan Coordinator | <input type="checkbox"/> General Ledger | |
| <input type="checkbox"/> CEO | <input type="checkbox"/> Human Resources | |
| <input type="checkbox"/> CFO | <input type="checkbox"/> LPN | |

MDI Application Access:

- ☐ Accounts Receivable ☐ Full Access or ☐ Limited Access (complete page 2 sec. A)
- ☐ Clinical Care (Medical Records) ☐ Full Access or ☐ Limited Access (complete page 2 sec. B)
- ☐ Schedule Pro
- ☐ Copy (Duplicate) Access Permissions From Employee: _____
- ☐ Remove All MDI Access

Specify Employee work hours for MDI access:

Start time: _____ End time: _____ OR ☐ Rotating schedule, 24 hr access

Submitted by: _____ (please print) Title: _____

MDI Access needed: ☐ ASAP or By Date: _____

Sec. A

Accounts Receivable Limited Access

Unchecked boxes will deny access. Checked boxes allows access.

- | | |
|---|--|
| <input type="checkbox"/> Resident File Maintenance | <input type="checkbox"/> Aging Report |
| <input type="checkbox"/> Enter Billing Transactions | <input type="checkbox"/> Monthly Census Summary |
| <input type="checkbox"/> Resident Census Billing | <input type="checkbox"/> Transaction Analysis |
| <input type="checkbox"/> Resident Inquiry | <input type="checkbox"/> Third Party Billing |
| <input type="checkbox"/> Classification Maintenance | <input type="checkbox"/> Resident Master Reports |
| <input type="checkbox"/> Ancillary Maintenance | <input type="checkbox"/> Resident Trust |
| <input type="checkbox"/> Resident Statements | <input type="checkbox"/> RetroActive Billing |
| <input type="checkbox"/> Month End Recap | |

Sec. B

Clinical Care (Medical Records) Limited Access

Unchecked boxes will deny access. Checked boxes allows access.

- | | |
|--|--|
| <input type="checkbox"/> Master File Maintenance** | <input type="checkbox"/> Resident Master Reports |
| Assessments: | <input type="checkbox"/> HCFA Resident Roster (802) |
| <input type="checkbox"/> User Defined Assessments | <input type="checkbox"/> HCFA Census/Condition (672) |
| <input type="checkbox"/> MDS Processor 2.0 | <input type="checkbox"/> Classification Maintenance |
| <input type="checkbox"/> Electronic Submission | <input type="checkbox"/> Vitals |
| <input type="checkbox"/> MDS Setup | <input type="checkbox"/> Resident Trust** |
| <input type="checkbox"/> MDS Diagnosis Setup | <input type="checkbox"/> System Maintenance |
| <input type="checkbox"/> MDS Logic Setup | ** Requires Sec. A approval |
| Care Plans/Physician Orders: | |
| <input type="checkbox"/> Care Plan Construction | |
| <input type="checkbox"/> Edit Care Plan Library | |
| <input type="checkbox"/> Care Plan Due/Done | |
| <input type="checkbox"/> Care Plan Assignment Sheets | |
| <input type="checkbox"/> Physician Orders | |
| <input type="checkbox"/> Physician Order Print | |
| <input type="checkbox"/> Transaction Analysis | |

MDI Access approved by:

Sec A:
Name: _____ (print) Signature & Date: _____

Sec B
Name: _____ (print) Signature & Date: _____

Submit this application to the IT Section once it has been signed by an authorized staff member. Once access has been granted to MDI, the IT Section will meet with the Employee or an authorized staff to provide their password and review the MDI authorized use Policy. Access is granted after the MDI acceptable use policy is understood and signed by the Employee.

PLEASE SIGN AND RETURN TO:
Arizona Department of Veterans' Services
IT SECTION

ARIZONA DEPARTMENT OF VETERANS' SERVICES

MDI ACCEPTABLE USE POLICY (FOR USE ONLY WHEN MDI ACCESS IS REQUIRED)

EFFECTIVE DATE: October 1st, 2003

COPIES OF THIS DOCUMENT ARE FORBIDDEN. KEEP THIS DOCUMENT IN A SAFE AND SECURE PLACE. THE IT SECTION HAS MDI PASSWORDS ON RECORD. For lost or forgotten passwords, call the IT Section (not MDI).

The Arizona Department of Veterans' Services and MDI Technologies operate under HIPAA Privacy and Security requirements. MDI user access has been granted to the above mentioned employee whom accepts responsibility for understanding HIPAA issues and requirements as they pertain to his/her position. In addition, the following security items must be followed at all times:

Never provide your Windows logon, or MDI username and password to another individual. Authorized staff and the IT Section staff excluded.

Never leave your computer unlocked if an MDI session is in use. Log out of MDI if you plan to leave your workstation.

Any unauthorized reading, viewing, copying, printing, or transfer of any MDI data that is not immediately necessary to perform your official duties is prohibited.

Never access or attempt to access MDI information that is not necessary to perform job duties. This includes casual 'browsing' of the MDI information.

Use of your MDI username and password when outside or away from the work place is prohibited. This includes accessing MDI from a personal computer using or allowing a third person or coworker to use your MDI logon session. The IT Section is excluded.

MDI Technologies keeps records of user actions within the MDI database. Any violation of the above guidelines will result in the loss of MDI privileges and will be reported to the administration for disciplinary action.

FOR IT SECTION USE ONLY

Date: _____ Employee: _____

MDI user name: _____

MDI password: _____

ARIZONA DEPARTMENT OF VETERANS' SERVICES

MDI ACCEPTABLE USE POLICY CONSENT FORM
(FOR USE ONLY WHEN MDI ACCESS IS REQUIRED)

EFFECTIVE DATE: October 1st, 2003

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The Arizona Department of Veterans' Services and MDI Technologies operate under HIPAA Privacy and Security requirements. MDI user access has been granted to the above-mentioned employee whom accepts responsibility for understanding HIPAA issues and requirements as they pertain to his/her position. In addition, the following security items must be followed at all times:

Mark each of the following boxes after carefully reading the respective policy.

- ☐ Never provide your Windows logon, or MDI username and password to another individual. Authorized staff and the IT Section staff excluded.
- ☐ Never leave your computer unlocked if an MDI session is in use. Log out of MDI if you plan to leave your workstation.
- ☐ Any unauthorized reading, viewing, copying, printing, or transfer of any MDI data that is not immediately necessary to perform your official duties is prohibited.
- ☐ Never access or attempt to access MDI information that is not necessary to perform job duties. This includes casual 'browsing' of the MDI information.
- ☐ Use of your MDI username and password when outside or away from the work place is prohibited. This includes accessing MDI from a personal computer using or allowing a third person or coworker to use your MDI logon session. The IT Section is excluded.

MDI Technologies keeps records of user actions within the MDI database. Any violation of the above guidelines will result in the loss of MDI privileges and will be reported to the administration for disciplinary action.

Signature: _____

Date: _____

PLEASE SIGN AND RETURN TO:
Arizona Department of Veterans' Services
IT SECTION